

MISSOURI DEPARTMENT OF NATURAL RESOURCES AIR POLLUTION CONTROL PROGRAM COMPLIANCE CERTIFICATION AND MONITORING REPORT

INTERMEDIATE OPERATING PERMIT

WIND THE PROPERTY OF THE PROPE	L OF LITATING F LITIMIT			
FIPS NO.		PLANT NO.		
INSTALLATION NAME		ı		
INSTALLATION LOCATION (STREET ADDRES	SS AND CITY)			
OPERATING PERMIT NUMBER		DATE OPERATING PE	RMIT ISSUED	
TYPE OF REPORT				
ANNUAL COMPLIANCE CE	ERTIFICATION L EXCEEDANCE	E REPORT REPORTING PERIOD	END DATE	
			T	
	RESPONSIBLE OFFICIA	AL	Р	ERMIT CONTACT PERSON
Name				
Title				
Mailing Address				
Telephone Number				
HAS THE ABOVE INFORMATION CHANGED YES NO	SINCE THE ISSUANCE OF THE OPERATING PERMIT?		I	
SUMMARY				
	NITH ALL OPERATING PERMIT CONDITIONS?			
2. DID THE INSTALLATION DEVIATE FROM TO YES NO	THE OPERATING PERMIT CONDITIONS?			
	THE INSTALLATION NOTIFY THE DEPARTMENT?			
4. IF THE RESPONSE TO #3 IS "YES," WHEN	N WAS THE DEPARTMENT NOTIFIED?			
If the response to #3 is "No report format.	," please complete a deviation report ι	using page 2 of t	this form, or e	equivalent information using some other
CERTIFICATION STATEMENT				
I certify, based on information a and complete.*	and belief formed after reasonable inqui	iry, the statemen	ts and informa	ation in this document are true, accurate
SIGNATURE OF RESPONSIBLE OFFIC	CIAL			DATE SIGNED
PRINT NAME OF RESPONSIBLE OFFI	ICIAL			
*This certification means that t	he signatory has verified compliance w	ith all applicable	regulations ar	nd operating permit conditions, and that
the installation has complied v	with all monitoring, record keeping, rep	orting and testing	g conditions s	specified in the operating permit unless
specified differently in a deviat	ecified differently in a deviations report. For information concerning administrative and civil penalties, please consult Section 643.085 of e Revised Statutes of the State of Missouri (RSMo) and Section 643.151 RSMo, respectively.			
the Revised Statutes of the Sta	ate of Missouri (RSMo) and Section 64	3.151 RSMo, res	spectively.	

MO 780-1810 (10-02) PAGE 1

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DEVIATIONS FR	DEVIATIONS FROM REQUIRED MONITORING	MONITORING						
FIPS NO.		PLANT NO.	T NO.	<u></u>	INSTALLATION NAME			
REPORT PERIOD START DATE	ART DATE			<u>a</u>	REPORTING PERIOD END DATE	ND DATE		
PERMIT	POLLUTANT	MONITORED LEVEL	MONITORING METHOD	DEVIATION DESCRIPTION	DEVIATION DATE	DEVIATION DURATION	CAUSE OF DEVIATION	CORRECTIVE ACTION
MO 780-1810 (10-02)				ATTACH ADDITIONAL PAGES, AS NEEDED.	AGES, AS NEEDED.			PAGE 2